

**Yolo County Superior Court, ADR Program**  
**CONFIDENTIAL EVALUATION BY CLIENT**

In accordance with ADR Program procedures, please submit evaluation by mail or fax within 10 days of completion of the ADR process.

ADR Administrator  
725 Court Street, Rm. 103  
Woodland, Ca. 95695

Fax: 530-406-6734

This confidential information will be used to assess the impact on the court, to track quality, and to inform our decisions regarding redesign of program procedures. Other staff and trial judges do not see specific evaluations. This information will be aggregated for blind statistical reports to the Judicial Council, the Court and the Community.

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_  
Type of Case: \_\_\_\_\_ Name of Neutral: \_\_\_\_\_

1. I am: ☐ Plaintiff ☐ Defendant ☐ Other: \_\_\_\_\_

I participated in an ADR session ☐ Yes ☐ No

If you answered NO above, please indicate the reason(s) why below. If you answered YES continue to question 2:

☐ Parties unwilling ☐ Not yet scheduled ☐ Other, describe: \_\_\_\_\_

2. Please indicate which, if any, of the following occurred during the ADR session: Please check all that apply.

- ☐ Communication between the parties was improved.  
☐ Parties came away with a better understanding of the case.  
☐ Parties clarified, resolved and eliminated some issues.  
☐ Other Comments: \_\_\_\_\_

On a scale of 1 to 5, 1 being the lowest level and 5 being the highest level, please indicate your satisfaction by rating the following statements:

3. This process was fair to all parties.	1	2	3	4	5
4. This process was allowed all to be heard.	1	2	3	4	5
5. This process offered a safe secure setting.	1	2	3	4	5
6. I did not feel unduly pressured by the neutral to reach an agreement.	1	2	3	4	5
7. The neutral skillfully structured the process.	1	2	3	4	5
8. The neutral understood the key issues.	1	2	3	4	5
9. I would use this neutral again.	1	2	3	4	5
10. I would use this ADR program again.	1	2	3	4	5

11. Please provide any additional comments: \_\_\_\_\_